Asbestos Form #1 Asbestos Monitoring and Waiver Determination

Water	System Name:		
PWSII) #:		
systems the first asbesto	rdance with the Federal Safe Drinking Water Act Regulations, 40 CFR 141.23(5)(b), all community water s (CWS) and nontransient, noncommunity water systems (NTNCWS) are required to monitor for asbestos in three-year compliance period of each nine-year compliance cycle. If a system believes it is not vulnerable to s contamination from its source water or from asbestos cement piping in the distribution system, it may apply aiver from asbestos monitoring.		
require	rm includes four sections which will assist systems with identifying waiver eligibility and/or monitoring ments. Start with Section I, and proceed through the additional sections based on your response to each n. Depending on your answers, it may or may not be necessary to complete Asbestos Form #2.		
Please	be sure to complete all sections of this form, sign, and return, even if you do not want to apply for a wavier.		
Section	I – Source Water Evaluation		
1)	Does your system use surface water as a source? Yes [] No [] If no, skip to Question # 4 below.		
2)	If yes, provide the number of points of entry associated with surface intakes		
3)	If yes, you are required to collect a sample for asbestos at each point of entry associated with a surface water intake. Refer to Section II for information on sample collection and analysis. Continue with this current Section.		
4)	Does your water system use ground water as a source? Yes [] No [] If no, skip to Section III below.		
5)	If yes to Question # 4, see attachment(s) to this form regarding well location vulnerability. There may be one or two attachments depending on available information for your system:		
	Attachment A - List of municipalities associated with susceptible geological formations Attachment B - System-specific list of vulnerable wells (located within municipalities in Attachment A)		
6)	Is a system-specific list of vulnerable wells (Attachment B) for your system attached? Yes [] No [] If no , skip to Question # 8 below.		
7)	If yes to Question #6, please review both Attachment A and Attachment B regarding wells in vulnerable areas. Do you agree with our records regarding the number of vulnerable wells and associated points of entry as listed in Attachment B? Yes [] No []		
	If yes, proceed to Section II for information on asbestos sample collection and analysis.		
	If no (you do not agree with our records), please make additions/corrections to the list and return a copy with this form. Then skip to Section II.		
8)	Review Attachment A - List of municipalities associated with susceptible geological formations. Are any of your wells located in a municipality included on the attached list? Yes [] No [] If no, skip to Section III.		

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9)			Main Street Well) and each associated point of entry ction II for information on asbestos sample collection	
Section	ı II – Vulnerable Source Wate	er Sampling		
1)	If you answered yes to questions in Section I regarding the use of surface water as a source, you are required to collect a sample for asbestos at each point of entry associated with a surface water intake as specified below.			
2)	If you answered yes to questions in Section 1 regarding wells in susceptible geological formations, you are required to collect one sample for asbestos at each point of entry that has a susceptible ground water source as specified below.			
	(2011 -2013) of the nine- a. CWS - sampling			
	Electron Microscopy (TE		y certified by the state to perform Transmission rtified laboratories can be found at ling (609) 292-3950.	
			electronically through the E2 system by the water d of the required monitoring period.	
3)	If you have vulnerable source water <u>and</u> you also have asbestos containing components in your distribution system, then follow the sampling information provided on Asbestos Form #2.			
Section	ı III – Distribution System Ev	<u>aluation</u>		
1)	Does your water distribution network contain any asbestos cement piping/components (ACP)? Yes [] No [] If you are unsure, you must confirm by reviewing available records or assume that it may be present (i.e., answer "Yes").			
	If yes, complete Asbestos For	m #2 (attached) to identify	and evaluate the areas served by ACP.	
	If no, sign and date below to certify that you reviewed available information and that no ACP is present in your distribution system.			
Section	ı IV – Certification and Signa	<u>ture</u>		
	signature below, I certify under accurate to the best of my kno		the information either contained with or within this	
Name (printed)		Title	Phone number	
Signature		Date		